

# CUSTOMER SERVICE SYSTEM ENHANCEMENT REQUEST FORM

The purpose of this form is to request changes to the Department of Technology Services (DTS) Customer Service System (CSS), as well as track requirements of the Service Request System. For questions concerning this form, contact the Enhancement Change Board (ECB) Administrator at [debbie.crawford@dts.ca.gov](mailto:debbie.crawford@dts.ca.gov).

## GENERAL INFORMATION

Decision Request ID (generated by CSS Numbering System):

Date Submitted:

Title:

Criticality Rating (low / medium / high):

Project ID:

Author (person making the request):

Project Name (can be same as Title):

Phone Number:

Program Branch (DTS Branch requesting the change):

Email Address:

Cross Reference to Issue ID/Title (if associated with another request):

**Decision/Enhancement Request Description** (describe the enhancement being requested):

**Justification** (describe the purpose or benefit for the enhancement):

**Impact if Not Implemented** (describe the impact if the requested enhancement is not implemented):

**Alternatives** (List at least one alternative to the enhancement being requested. Indicate why the enhancement is better than the alternatives.):

**Attachments?** If yes, check box. ☐

**Description of Attachments** (filename, location, content, etc.):

**Approval:**

Requester's Signature

Requester's Manager/Supervisor's Signature

## WORKGROUP

DTS CSS staff will complete the "Initial Review Results" and "Final Review Results" sections of this form.

### Initial Review Results

Review Date: \_\_\_\_\_ Assigned To: \_\_\_\_\_

Recommendation (*check one*):

☐ Accept ☐ Alternative Resolution ☐ Defer ☐ Need Additional Information

### Initial Impact Analysis

**Configuration Items Affected** (describe the items affected by the enhancement request; e.g., scope, time, cost, quality, list of configuration items):

**Impact Analysis Required? If yes, check box.** ☐ (*If yes, refer to the "Impact Analysis Report" on page 3.*)

### Final Review Results

Final Review Date: \_\_\_\_\_

Impact Rating (*check one*): ☐ High ☐ Medium ☐ Low

Current Disposition

Active Status (*check one*):

☐ In Analysis ☐ Board Review ☐ Pending Approval ☐ On Hold

Closed Status (*check one*):

☐ Accepted ☐ Rejected

Recommendation

Board Review (*check one*): ☐ Yes ☐ No

### Reviewing Body

Reviewer Name	Reviewer Position	Division/Branch/Unit	Review Date

**Approval of Recommendation:**

\_\_\_\_\_  
Administrator's Signature

\_\_\_\_\_  
Date

Comments:

## IMPACT ANALYSIS REPORT

### Detailed Impact Analysis

Requested By: \_\_\_\_\_ Assigned To: \_\_\_\_\_

### Definition of Requirements

Explain the definition of the requirements:

### Additional Resource Needs

Resources	Work Days	Cost

### Detailed Impact if Not Implementing Enhancement

Explain the impact if the enhancement is not implemented:

### Post-Impact Analysis Alternatives to Requested Enhancement

List alternatives that have been added or changed since the enhancement was originally requested:

Impact Analysis Completion Date: \_\_\_\_\_ Conducted By: \_\_\_\_\_

### Final Recommendation

The Enhancement Change Board (ECB) Recommends (*check one*):

☐ Approve    ☐ Deny    ☐ Defer    ☐ Other (*explain*) \_\_\_\_\_

Approval:

\_\_\_\_\_  
Division Deputy Director (division submitting request)

\_\_\_\_\_  
Date

## Enhancement Change Board (ECB) Approvals

☐ Approved as is

☐ Approved with changes (describe the proposed/required changes):

☐ Denied - does not meet expectations (explain the reason for denial):

\_\_\_\_\_  
ECB Administrator's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
ECB Chair's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Remedy Ticket Number

\_\_\_\_\_  
Date of Ticket

\_\_\_\_\_  
Change Request (CR) Number

\_\_\_\_\_  
Date of CR

\_\_\_\_\_  
Estimated Production Date

Please send the completed form to the ECB Administrator at Mail Stop Y01 (Cannery) or [debbie.crawford@ds.ca.gov](mailto:debbie.crawford@ds.ca.gov).